

# **Commonwealth of Massachusetts GIC Coordinator**

## **Long Term Disability Insurance Administration Manual**



*INSURANCE IN TOUCH WITH BUSINESS*

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## **LONG TERM DISABILITY INSURANCE ADMINISTRATION MANUAL**

This manual is supplied to assist you with administration of the GIC's Long Term Disability program. It contains information on all aspects of the program. This manual explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of any discrepancy between this manual and the contract, the terms of the contract apply. Complete details are in the certificate of insurance issued to each individual. If you have any questions about the content or procedures described within, please contact CNA.

<b>Policy Information</b>	
<b>Long Term Disability Policy Number: SR-83130411</b>	
<b>Long Term Disability Policy Effective Date: July 1, 2002</b>	
<i>(Be sure to include the above policy number on all correspondence relating to this coverage)</i>	
<b>Important Addresses and Phone/Fax Numbers</b>	
<b>Claim Filing or Claim Questions:</b>	<p>Tom McFadden, Primary Disability Specialist Phone #: (407) 919-6316 Toll-free #: (866) 847-6343 Ext. 6316 Fax #: (407) 919-6329</p> <p>Frank Martinko, Back-up Disability Specialist Phone #: (407) 919-6314 Toll-free #: (866) 847-6343 Ext. 6314 Fax #: (407) 919-6329</p> <p>Linda Walker, Claims Manager Phone #: (407) 919-6365 Toll-free #: (866) 847-6343 Ext. 6365 Fax #: (407) 919-6329</p>
<b>Supplies:</b>	<p>Anne Brogan Phone #: (617) 984-6870 Toll-free #: (800) 972-5550 Ext. 6870 Fax #: (617) 984-4646</p>
<b>Account Service Questions:</b>	<p>Janet Linn, Account Manager Phone #: (407) 919-6307 Toll-Free #: (866) 847-6343 Ext. 6307 Fax #: (407) 919-6329</p>
<b>Mailing Address For Claims &amp; Appeals:</b>	<p>CNA Group Benefits Disability National Accounts P.O. Box 946710 Maitland, FL 32794 – 6710</p>
<b>Commonwealth of Massachusetts Employees LTD Plan Web Site:</b>	<a href="http://www.maemployeesltd.com">www.maemployeesltd.com</a>
<b>Customer Service:</b>	<a href="tel:8668476343">Toll Free # (866) 847-6343</a>

## LTD Quick Facts

**Policy Effective Date:**

July 1, 2002

**Eligibility:**

All *Actively at Work* full-time and half-time Commonwealth of Massachusetts employees working in the United States of America who work at least 18  $\frac{3}{4}$  hours in a 37  $\frac{1}{2}$  hour work week or 20 hours in a 40 hour work week and who have completed the waiting period required by the Employer.

Seasonal and temporary employees are not eligible except as defined by the policyholder. Dependents are not eligible.

**Waiting Period:**

For employees in an eligible group on or before the Policy Effective Date: The lessor of two full calendar months or 60 Days of continuous active, full-time employment.

For new employees entering an eligible group after the Policy Effective Date: The lessor of two full calendar months or 60 Days of continuous active, full-time employment.

**Elimination Period:**

90 Days

180 Days with respect to the Catastrophic Disability Benefit

**LTD Monthly Benefit:**

50% of *Monthly earnings* to a maximum benefit of \$10,000 per month subject to reduction by deductible sources of income or *Disability Earnings*.

**Benefit Offsets:**

Benefits will be reduced by Social Security, Workers Compensation, Sick Leave, Salary Continuance, any Public Employee Retirement System Plan, or any State Teachers' Retirement System Plan.

**Maximum Period Payable:**

**Age on Date Disability Commences**

**Maximum Period Payable**

Age 61 or younger

To *Your* 65th birthday

Age 62

42 months

Age 63

36 months

Age 64

30 months

Age 65

24 months

Age 66

21 months

Age 67

18 months

Age 68

15 months

Age 69 or older

12 months

## Frequently Asked Questions

### ***What Has Changed Under The LTD Program As A Result Of The Transition To CNA?***

<b>Plan Provision</b>	<b>Before 7/1/02</b>	<b>After 7/1/02</b>
Minimum Benefit	\$100	\$100 or 10% of the gross monthly benefit, whichever is greater
Mental Illness Limitation	If an employee is disabled because of mental illness, benefits will be payable for a total of 12 months, unless the employee is confined in a hospital or other place licensed to provide medical care.	If an employee is disabled because of a mental disorder of any type, benefits will be payable for a total of 12 months, unless the employee is either  (1) confined in a hospital or institution licensed to provide care and treatment for mental illness, or  (2) receiving treatment in a psychiatric residential treatment program or in a partial hospital or day treatment program for at least 5 hours per day and at least 4 days per week.
Substance Abuse Limitation	If an employee is disabled because of substance abuse, benefits will be payable for a total of 12 months unless the employee is confined in a hospital or other place licensed to provide medical care	If an employee is disabled because of substance abuse, benefits will be payable for a maximum of 12 months. To be eligible for benefits the employee must participate in a substance abuse treatment program approved by the state.
Catastrophic Disability Benefit	Not Available	The Catastrophic Disability Benefit is 10% of Monthly earnings to a maximum Catastrophic Disability Benefit of \$5,000. The benefit is payable if the eligible employee is unable to perform at least 2 of the 6 Activities of Daily Living. Also included are a Caregiver Respite Benefit, Caregiver Training Benefit and Emergency Alert System Benefit.
Ability Assist <sup>SM</sup>	Not Available	The disabled employee has available to him/her unlimited telephonic access and a limited number of one hour face to face sessions with professional counselors as well as financial and legal advisors.
Worldwide Travel Assist	Not Available	This service is available to all covered employees. The program provides assistance to employees when they are traveling 100 miles or more from their primary home. Services include pre-trip assistance, medical emergency assistance and personal assistance services.

## Enrollment Procedures

### New Hires:

New hires of the Commonwealth will be eligible to enroll in this program based on the same waiting period that applies to other GIC sponsored programs. Those employees who have transferred from one state agency to another state agency with no break in service may maintain their coverage without satisfying the new employee waiting period.

If new employees enroll when first eligible, no medical evidence of insurability will be required. The new employee should complete the enrollment form and return it to the GIC Coordinator so that coverage can commence at the same time as their other benefits. New hires that fail to enroll within 31 days of eligibility are considered late enrollees. They must complete a medical application for CNA's review and approval into the plan.

Please give new hires the following:

- ❖ GIC Enrollment and Change Form (Form-1)
- ❖ LTD Brochure

### Late Enrollment:

If an employee was eligible to enroll for LTD but did not elect to do so (or was enrolled and terminated coverage voluntarily or was terminated for nonpayment of premium), and later wishes to participate in the plan, that employee is considered a late enrollee. Late Enrollees must complete a medical application for CNA's review and approval to enter the Plan. It is important to realize that late enrollees will not automatically be accepted into the plan. If approved, the effective date of coverage will be determined by the GIC.

**It is possible that coverage will not be granted if the applicant is found to be medically uninsurable.** It is therefore extremely important that you advise employees to enroll before the end of the 31-day period.

Please give late enrollees the following:

- ❖ GIC Enrollment and Change Form (Form-1)
- ❖ LTD Brochure

### ***Can An "Open Enrollment" Be Conducted?***

**"Open Enrollment"** refers to a period during which employees, who had previously waived or been denied coverage, are allowed to enroll in the plan without having to supply evidence of insurability.

The open enrollment for the CNA LTD plan took place during the GIC's spring 2002 annual enrollment. No additional open enrollments have been approved.

### ***Can An Employee Enroll After He/She Waives Coverage?***

Yes, an employee who attempts to enroll for insurance more than 31 days after becoming eligible is considered a late enrollee and must comply with the following Late Enrollment Procedures.

## **Late Enrollment Procedures – After 31 days of becoming eligible:**

### **A) Steps to apply for LTD:**

1. Employee must complete and sign the GIC's Enrollment and Change Form (Form-1).
  2. Sign the GIC's Enrollment and Change Form (Form-1) and review for completeness.
  3. Copy Form-1 and file in the employee's personnel file
- Send **original** Form-1 to the GIC

**GIC Systems Unit  
P.O. Box 8747  
Boston, Massachusetts 02114-8747**

4. The GIC will notify CNA of the pending application
5. CNA will send the employee a medical application to complete and return.
6. The GIC will notify the employee and the GIC Coordinator of CNA's decision.

### **B) Late applications will result in one of the following outcomes:**

- i) Approval
- ii) Rejection
- iii) Additional medical information required
  - Fees for obtaining the medical information are the responsibility of the late enrollee.
  - Applicants who do not respond in a timely fashion will have their files closed and must restart the application process if they still desire the insurance.

#### ***Approval – Employee Notification***

Notification is made to the employee via a copy of the application stamped "approved" with instructions to the applicant to attach the application to their insurance certificate which they will receive at a later date. The GIC will advise the employee of their effective date.

#### ***Approval – Employer Notification***

A copy of the employee's notification is sent to the GIC Systems Unit. The GIC Systems Unit will notify the GIC Coordinator of the approval. The employee's premium contribution should begin in conjunction with the effective date determined by the GIC.

#### ***Rejection – Employee Notification***

Notification is made to the employee that they are not insurable for this insurance.

#### ***Rejection – Employer Notification***

Notification is made to the GIC Systems Unit that the employee is not insurable for this insurance. The GIC Systems Unit will notify the GIC Coordinator of the rejection.

#### ***Additional medical information required***

Communication will be done directly with the employee regarding any further medical information required by CNA. The GIC Systems Unit will be notified upon approval or rejection of the application.

### ***What If The Employee Is Not "Actively At Work" On His/Her Effective Date?***

**Injury and Sickness** – If the employee is not "Actively at Work" because of *Injury or Sickness* on the date the insurance coverage would have otherwise taken effect, the employee's insurance will become effective on the day the employee returns to *Active Work* for one full day.

**Holidays, Saturday, Sunday** – If the day the employee would otherwise be insured occurs on a Saturday, Sunday or holiday, the employee's insurance will become effective on that day if the employee is able to perform their regular schedule on that day and was "Actively at Work" on the last regularly scheduled work day.

**Vacation** – Normal vacation is considered active employment. If the day the employee would otherwise be insured occurs while the employee is on a bona fide vacation from work, the employee's insurance will become effective on that day.

### ***Will An Enrolled Employee Receive A Certificate?***

CNA will mail certificates of insurance to each enrolled employee to his/her home address. The certificates will describe the benefits, to whom they are payable, the policy limitations and where the policy may be inspected.

### ***When Does An Employee's Coverage End?***

An employee's coverage will terminate on the earliest of the following dates:

- 1) the date on which the policy is terminated;
- 2) the date on which premium is due, but has not been paid;
- 3) the date the employee:
  - a) is no longer a member of a class eligible for this insurance,
  - b) withdraws from the program,
  - c) is retired or pensioned, or
  - d) ceases work because of an unapproved leave of absence, furlough, layoff, or temporary work stoppage due to a labor dispute, however, CNA will extend coverage for a leave of absence approved by the Employer, subject to continued payment of premium, for a period not to exceed 12 months. If premium is inadvertently paid beyond the 12-month extension of coverage or while on an unapproved leave of absence, CNA will make an adjustment to the next required premium payment and the Employer will provide a refund of any overpaid premium to the Employee. Orders to active military service for 2 months or less will be covered subject to continued payment of premium.

Termination will not affect a covered loss that began before the date of termination.

### ***Who Pays The Premium?***

Those eligible employees who have chosen to enroll in this insurance program are paying all premium cost for this insurance coverage. Employees' contributions to the cost should be collected from them via regular payroll deduction or direct billing.

### ***How Is Monthly Premium Calculated?***

Premium is calculated by dividing the total insured base annual earnings by 1,200 and multiplying by the appropriate age-banded rate.

A rate increase that is due to a change in age or in salary should be effective the first day of the second month following the employee's birthday or salary change.



Do not include annual earnings for any individual in excess of \$240,000 per year in the premium calculation.

Program rates are stated in 5-year age bands:

<u>Insured Employee's Attained Age As Of The Latest Of:</u>	<u>Rate Applied to Monthly earnings</u>
1) Policy Effective Date,	
2) Individual Effective Date, or	
3) Most Recent Birthday	
20 or younger	0.10
21 – 24	0.10
25 – 29	0.12
30 – 34	0.16
35 – 39	0.21
40 – 44	0.39
45 – 49	0.58
50 – 54	0.81
55 – 59	1.02
60 – 64	0.92
65 – 69	0.43
70 or older	0.24

### ***Is Premium Payable For Disabled Employees?***

CNA will waive premium for an insured employee during the period of disability for which the LTD monthly benefit is payable under the policy. Premium payment is required during the Insured employee's elimination period. During this period, the insured employee's insurance will remain in force. Long Term Disability premium payment should resume when the employee returns to work.

## **Claim Filing Procedures**

### ***How Is A Long Term Disability Claim Filed?***

Disability management and accurate, efficient payment of benefits are what employees expect as part of the disability program from CNA. So that we may provide our best service, please read this section carefully.

**Because of the complexity of LTD claim reviews and the importance of a timely response, it is essential that all LTD claim forms be filled out completely and accurately.**

***PLEASE NOTE THAT ALL GIC COORDINATORS ARE REQUIRED TO PROVIDE CLAIM-RELATED INFORMATION TO CNA WITHOUT EXCEPTION. CNA SHALL DETERMINE THE MERIT OF ALL DISABILITY CLAIMS***

### **Claims to File Early – Early Intervention**

Early intervention on disability claims is an integral part of any disability management program. Continental Casualty Company's (CNA) Early Intervention Claim Program is provided with the employee's LTD coverage at no additional charge. The program is intended to provide advance notification on claims with potential to exceed the LTD elimination period. By using this service, potential LTD claims can be more effectively managed by Continental Casualty Company (CNA), even during the LTD elimination period. This should result in improved service and experience for your program. Advance notification is critical to the success of this program.

### **Filing an Early Intervention Claim**

When an employee is disabled as a result of one of the conditions or procedures listed below, please have them complete a claim form and send it to CNA as soon as possible after they cease working due to a disability.

- ❖ Chronic Fatigue/Epstein Barr Syndrome
- ❖ Mental/Psychiatric Disorders
- ❖ Fibromyalgia

- ❖ Multiple Sclerosis
- ❖ Systemic Lupus Erythematosus (SLE)
- ❖ Cardiovascular Conditions
- ❖ Back Surgery
- ❖ Repetitive Motion Injuries (such as Carpal Tunnel)

If the claim is found to be appropriate for Early Intervention, a Disability Specialist and Nurse Case Manager will immediately begin processing of the claim.

## Filing a Claim

When an employee's disability (including disabilities caused by occupation related sickness or injury) is likely to continue beyond the 90-day elimination period, the following steps should be followed:

- 1) Approximately 45 days before the end of the elimination period, the employee should call CNA using the dedicated toll free number 1-866-847-6343 to request a claim submission packet. They may also access the packet via the web site at [www.maemployeesltd.com](http://www.maemployeesltd.com).

CNA will send the employee a claim submission packet within 24 hours. The packet will contain:

- ❖ Claim Submission Instruction letter
- ❖ LTD Employer Statement (Part I)
- ❖ LTD Employee Statement (Part II)
- ❖ Attending Physician Statement (Part III)
- ❖ CNA Return Envelope

- 2) The employee should:
  - a) Give the LTD Employer Statement (Part I) to the GIC Coordinator to complete and return to the employee.
  - b) Give the Attending Physician Statement (Part III) to the Physician to complete and return to the employee.
  - c) Complete the LTD Employee Statement (Part II).

d) Return the LTD Employer Statement (Part I), the LTD Employee Statement (Part II), and the Attending Physician Statement (Part III) to CNA in the Return Envelope **within 14 days**.

## Claim Processing – CNA's Role

**Initial Claim Processing.** When CNA receives the LTD Claim Forms, they will assign a claim number and advise the employee of that number.

To qualify for benefits, an insured employee must:

- 1) be disabled during the 90-day elimination period and beyond in accordance with the policy provisions; and
- 2) meet all eligibility requirements as outlined in the policy.

In addition, premium for the coverage provided under the policy must be paid to date.

Once the 90-day elimination period ends, claim payments are made in accordance with the policy provisions. Claim payments will be sent directly to the claimant unless otherwise specified.

If additional information is needed to make the initial evaluation of the claim, CNA will contact the GIC Coordinator, the employee, or the employee's physician to obtain this information.

**Continued Claim Processing.** After benefits begin, additional medical information will be necessary to support continued disability and to verify that the employee is under the appropriate regular care and attendance of a physician. The employee's condition and the physician's prognosis determine how frequently this information is needed.

**Other Disability Benefits.** The LTD program, together with any other disability benefits, is designed to provide the employee with adequate replacement income. Therefore, the LTD benefit will be reduced by other income received by the employee, including Social Security, Workers Compensation, Sick Leave, Salary Continuance, any Public Employee Retirement System Plan, or any State Teachers' Retirement System Plan.

Example:

Monthly Salary	\$1200 per month	
Gross Monthly Benefit	\$1200 X 50% = \$600 per month	
LTD Benefit Calculation	Gross Monthly Benefit	\$600.00
	Less Workers Compensation	<u>-300.00</u>
	Net Monthly Benefit	\$300.00

When it is apparent that the employee is entitled to any of these benefits, he or she should make prompt application for them. Please call CNA to discuss any questions you may have.

If it is likely that the employee's disability will last for 12 full calendar months or more, the policy requires that the employee file for Social Security Disability Benefits, if eligible. CNA's Claim Department will provide detailed instructions regarding Social Security filing procedures.

The policy also requires that the employee file for all other disability benefits for which the employee is entitled.

**Additional Information.** CNA may request specific information by correspondence or personal contact with the GIC Coordinator, the disabled employee, or the employee's attending physician. CNA will send the GIC copies of correspondence that is sent to the employee regarding benefit approval, pending claim notification and claim closures.

**Waiver of Premium.** Once CNA begins benefit payments, premium payments will stop. When the employee returns to work, premium payments resume. The GIC must be notified when an employee returns to work.

**Appeal Procedures.** Claim decisions, including denials or termination of benefits, will be communicated directly to the claimant. The GIC will also receive notice of denial. Appeals of claim decisions must be made in writing within 180 days of the date the decision was communicated to the employee (the date of the denial letter).

Appeals should be submitted to the Claim Department address shown in the "**Important Addresses**" section of this manual.

APPEALS SHOULD INCLUDE THE FOLLOWING:

- ❖ reason(s) for requesting the appeal; and
- ❖ additional documentation in support of the request. This includes objective medical information relevant to the issues and time period surrounding the claim.

The appeal decision will be communicated directly to the person requesting the review. The GIC will also be notified of the decision.

### **How Do I Order Supplies?**

Please call Anne Brogan at 617-984-6870 or toll free at 1-800-972-5550 ext. 6870 for all supplies.

## Ability Assist<sup>SM</sup>

Ability Assist<sup>SM</sup> is a unique claim service that we have included as a part of your group Long Term Disability (LTD) insurance program. Services available under this program include access to professional counselors as well as access to financial and legal advisors. Ability Assist<sup>SM</sup> services are provided through Bensinger, DuPont & Associates (BDA) – one of the most successful and experienced groups offering such services.

A disabled employee will receive information about accessing Ability Assist<sup>SM</sup> with his or her first LTD benefit check. By calling a toll-free number, the disabled employee or an immediate family member will receive assistance from a BDA counselor who will help him or her develop an assistance plan to address emotional, financial and/or legal concerns. The BDA counselor will maintain the confidentiality of all information, and will coordinate all services and referrals. The assistance plan may include any of the following services:

- 1) **Referral to professional services.** BDA counselors will refer disabled employees and/or their family members to appropriate counselors, financial and/or legal advisors within the BDA networks. Counselors will provide assessment of emotional concerns and referrals to appropriate resources and providers. (*Counseling services provided by BDA will not include treatment of emotional problems.*) Financial and legal advisors will provide assistance with financial planning and legal matters such as tax filing questions, serious debt issues, guardianship or power of attorney. (*Legal services will not be provided for court proceedings, preparation of briefs for legal appearances or actions or for any action against any party providing Ability Assist<sup>SM</sup> services.*)
- 2) **Unlimited phone contact.** Disabled employees and their family members will have unlimited telephone access to BDA counselors and the financial and legal advisors in BDA's networks while they are receiving long-term disability benefits, for up to 2 years.
- 3) **Face-to-face working sessions.** Five face-to-face working sessions of one hour each are available to the disabled employee and his or her family members. The disabled employee and/or family members may use the 5 sessions as follows:
  - ❖ Up to 2 sessions with a counselor for assessment of emotional concerns, and the remaining sessions with financial and/or legal advisors;
  - ❖ All 5 sessions with one financial or legal advisor; or
  - ❖ Split the 5 sessions between 2 or more financial or legal advisors.
- 4) **Referral to Support Resources.** BDA counselors may also refer claimants and/or their family members to support services and resources such as:
  - ❖ Homemaker services
  - ❖ Assistive equipment and home remodeling
  - ❖ Home-delivered meals
  - ❖ Community and governmental agencies serving the disabled
  - ❖ Adult day care and respite care for caregivers
  - ❖ Daycare for children and elderly parents

**Ability Assist<sup>SM</sup> disclosures:** Ability Assist<sup>SM</sup> services are provided by Bensinger, DuPont & Associates (BDA). Continental Casualty Company and Continental Assurance Company (herein CNA) do not provide any part of the Ability Assist<sup>SM</sup> services. Neither BDA nor CNA is responsible or liable for care or advice rendered by any referral resources. Services provided under this program can change at any time, without notice.

## **Worldwide Travel Assistance Services**

Worldwide Travel Assistance is another LTD benefit. It provides assistance to employees when they are traveling 100 miles or more from their primary home.

Worldwide Travel Assistance Services are provided by Worldwide Assistance Services, Inc., (WA) part of the Europe Assistance Group, the world's largest and most experienced travel assistance organization. Multilingual professionals have the experience and resources to help with personal or medical travel emergencies 24 hours a day, 365 days a year in more than 200 countries around the world. The following Emergency Medical and Personal Assistance Services are available under this program:

### **Pre-Trip Assistance**

- ❖ Visa, passport and inoculation requirements
- ❖ Cultural information
- ❖ Embassy and consular referrals
- ❖ Travel advisories
- ❖ Temperature and weather conditions
- ❖ Foreign exchange rates

### **Emergency Medical Assistance Services**

- ❖ Local medical referrals
- ❖ Medical evacuation or repatriation
- ❖ Emergency medical payments
- ❖ Companion travel
- ❖ Return of remains
- ❖ Replacement of medication and glasses

### **Personal Assistance Services**

- ❖ Emergency messages
- ❖ Arrangements for emergency cash
- ❖ Emergency travel arrangements
- ❖ Interpretation/translation
- ❖ Location of lost items
- ❖ Arrangements for legal assistance/bail

**THANK YOU FOR YOUR ASSISTANCE WITH THE ADMINISTRATION OF THIS VERY  
IMPORTANT INSURANCE PROGRAM.**